

APPLICATION DATA SHEET

Application Information

| | |
|--------------------------|---------------------------|
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Title:: | Anesthetic Agent Recovery |
| Attorney Docket Number:: | 03-597-A |
| Total Drawing Sheets:: | 1 |
| Small Entity:: | Yes |

Applicant Information

| | |
|-------------------------------|----------------------|
| Primary Citizenship Country:: | US |
| Given Name:: | Michael |
| Family Name:: | Rock |
| City of Residence:: | Deerfield |
| State of Residence:: | IL |
| Country of Residence:: | USA |
| Street of Mailing Address:: | 620 Bent Creek Ridge |
| City of Mailing Address:: | Deerfield |
| State of Mailing Address:: | IL |
| Country of Mailing Address:: | USA |
| Zip Code of Mailing Address:: | 60015 |

Correspondence Information

| | |
|----------------------------------|--------------|
| Correspondence Customer Number:: | 20306 |
| Phone Number:: | 312 913 0001 |
| Fax Number:: | 312 913 0002 |

Representative Information

| | |
|--------------------------------|-------|
| Representative Customer Number | 20306 |
|--------------------------------|-------|

Domestic Priority Information

| Application :: | Continuity Type | Parent Application | Parent Filing Date |
|------------------|---|--------------------|--------------------|
| This Application | An application claiming the benefit under 35 U.S.C 119(e) | 60/537,550 | 01/20/04 |